

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002887

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 19

FILED FEB 5 1963

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN LouisianaLength of stay in 1b
3 weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Pike County Hosp.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pikec. CITY
OR
TOWN PaynesvilleInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
THOMAS DILLARD FERGUSON4. DATE OF DEATH
Month Day Year
Jan. 23, 1963

5. SEX

male

6. COLOR OR RACE

white7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)
88IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer - ~~WAX~~ retired10b. KIND OF BUSINESS OR INDUSTRY
agriculture11. BIRTHPLACE (City and state or country)
Paynesville, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John David Ferguson

13b. MOTHER'S MAIDEN NAME

Ellen Duvall

14. NAME OF HUSBAND OR WIFE

Gussie (nee Patton)15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address
Pauline Ferguson Louisiana, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

bilateral bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

dermatitis herpetiformis & disordered toxicity & anemia & depression of granulocytes

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-29-62 to death and last saw her alive on 1-23-63
Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward K. Taylor M.D.

22b. ADDRESS

Clarksville, Missouri

22c. DATE SIGNED

1-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 25, 1963

23c. NAME OF CEMETERY

Greenwood23d. LOCATION (City, town, or county)
Clarksville, Mo.

(State)

24. FUNERAL DIRECTOR

O'Garlan Ricks

ADDRESS

Elberry, Missouri

25. DATE RECD. BY LOCAL REG.

2-2-63

26. REGISTRAR'S SIGNATURE

Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

ITEM NO.

VS-300
Rev. 4/59

DATE AMENDED

1 08222 082034 05 167 08 29 491X101112 1-013 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4012

P. O. Address Elkhart, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.